Family Centered Care Practices

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Advisory Board

Picker Survey and Patient Satisfaction

- Communication
- Private Rooms/Cleanliness
- Continuity with an Obstetric Provider
- Access to OB Care (appointments, phone, parking)
- Breastfeeding Education/Support
- Food/Cable TV
- Staff competency and Training
  - –Corpsmen and Nurses

PAB Satisfaction Sample (Would Choose MTF Care)

- Physician providers
- Affordable
- “The only type of care I know”
- Convenient
- Safe
- Outstanding and Courteous nursing staff (NHTP and NHLemoore)

PAB Satisfaction Sample (Would Choose Civilian Care)

- OB provider continuity
- Facilities (Privacy, Sharing Bathrooms)
- Rushed Doctors/Too many patients
- Small rooms, family unable to stay
- Ultrasound availability
- Options for birth (epidurals, water births)

PAB Satisfaction Survey (Would Choose Civilian Care)

- Convenience
- More competent staff
- Parking and physical clinic access

Picker Survey and Patient Satisfaction

- Outstanding providers…
- Current perinatal care system is rigid, compartmentalized and staff-centered…
- With staff often committed to maintaining the current system

Stop Talking About Patient Satisfaction

- A perinatal care system which meets the individual needs of our families
- A perinatal care system which incorporates the principles of readiness, population health, best clinical practice, integration and optimization
- “Patient Satisfaction” does not begin to describe the scope of the opportunity which lies before us

Family Centered Care Practices

- We are preparing a family for a birth
- Families allow us the privilege of being an invited guest at what will be the most important event in their lives.
- This interaction will also be the defining moment in how our health care system is perceived by that family for the remainder of their service time.

Why Family Centered Care?

- Recognizes we are in the business of family beginnings
- Is best for families with minimal local family support or deployed spouses
- Assumes minimal understanding of changes of pregnancy, much less the impact that childbirth and parenthood will have on their lives

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Why Family Centered Care?

- Capitalizes on the unique period of heightened awareness during which pregnant women, and fathers, are very willing to focus on the needs of their child and future family
- Promotes practices which enhance cost efficiency, safety and patient and staff satisfaction

Why Family Centered Care?

"People who use Standard should have freedom to choose where they get health care. Rather than use the NAS as a hammer to force people into military hospitals, the Defense Department should use incentives to draw patients in. We continue to believe the military services and the surgeons general can attract all the people they want just by providing good, courteous service and lower prices."

LT COL (Ret) Chuck Partridge
Legislative Counsel National

Why Family Centered Care?

- Informal surveys of inservice MTFs with delivery services suggest that 25% of patients will seek OB care in the community
- Loss of 18,000 deliveries/year ($48,600,000)
- Approximately 1800 NICU admissions/year ($27,000,000)
- Estimates for outpatient care ($18,000,000)

Conservative estimate of $93,600,000 of care in the civilian community

Why Family Centered Care?

- Impact on training programs
  - Reductions, possible closure of OB, FP and Peds training programs
  - Ripple effect to Anesthesia, ER, Radiology and Surgery programs (off site rotations, reductions, closure)
  - Reductions in GMO pool for Navy
  - Reduction in OB/Peds/FP, possibly other specialties, to man remote specialty billets

Family Centered Care Plan

- **Access**
  - **Appointments**
  - **Parking**
  - **Clinic location**
- **OB provider continuity (75%)**
- **Private rooms (≤ 90%)**
- **US at 16-20 weeks**

Family Centered Birth Care

- Single Room Maternity Care
  - Full family participation
  - Normalcy oriented maternity and newborn care
  - Doulas
  - Family education re maternal/newborn care
  - Maternal child nursing
  - Multidisciplinary care (combined rounds)
  - Nontransfer
- Enhanced efficiency of space and

Where to Now?

- Internally assess current MTF Status (Now)
  - –Will our patients choose our MTF?
- Externally assess MTF status (Now)
  - –Establish family advisory councils
- Establish pilot models (6 Months)
  - –Based on facility size

Where to Now?

- **Begin drive to becoming family centered (12 Months)**
  - **–OB Care Continuity**
  - **–Family Inclusion**
  - **–Eliminate access obstacles (parking)**
  - **–Hire front desk clerks**
  - **–Offer 2nd Trimester Ultrasound**
  - **–Cross practice nursing (Maternal Child Nurses)**
  - **–Combined nursing/medical rounds**

Where to Now?

- Prove the quality of our care
  - Externally benchmark
- Market our care
  - Coordinated central campaign
  - Outstanding quality of providers/care
  - Capabilities of the MTF
  - Family Centered Approach (Continuity, Family Involvement, SRMC, Choices)
  - Unique ability to interface with the line community regarding the family's needs

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